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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 2188

|                             |                                       |              |                        |  |
|-----------------------------|---------------------------------------|--------------|------------------------|--|
| SERIAL NUMBER<br>10/766,104 | FILING DATE<br>01/27/2004<br><br>RULE | CLASS<br>424 | GROUP ART UNIT<br>1615 | ATTORNEY<br>DOCKET NO.<br>2500-2287.05 |
|-----------------------------|---------------------------------------|--------------|------------------------|--|

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 10/364,762 02/10/2003  
 which is a CON of 09/932,536 08/17/2001 PAT 6,534,591  
 which is a CON of 09/733,739 12/08/2000 PAT 6,323,278  
 which is a CON of 09/302,852 04/30/1999 PAT 6,166,130  
 which is a CON of 09/229,851 01/13/1999 PAT 6,051,648  
 which is a CON of 08/769,806 12/18/1996 PAT 5,874,500  
 which is a CIP of 08/573,799 12/18/1995 ABN

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 08/15/2004

|  |   |                           |                         |                       |                            |
|--|---|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Examiner's Signature <i>[Signature]</i> Initials <i>BF</i> | STATE OR<br>COUNTRY<br>CA | SHEETS<br>DRAWING<br>18 | TOTAL<br>CLAIMS<br>68 | INDEPENDENT<br>CLAIMS<br>2 |
|--|---|---------------------------|-------------------------|-----------------------|----------------------------|

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## TITLE

Method for preventing the formation of adhesions following surgery or injury

|                                    |   |  |
|------------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>1634 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue ) |
|------------------------------------|---|--|